



## [Improving Access to Housing for Aboriginal and Torres Strait Islander Renal Patients](#)

Research Summary of a Deeble Institute for Health Policy Research Report

### **Introduction**

The author of this research article, Stefanie Puszka, raises two key issues relating to the housing and accommodation needs of Aboriginal and Torres Strait Islander peoples (this summary will use the term “Aboriginal peoples”) with end stage kidney disease (ESKD) who are living in remote areas and communities.

Firstly, it highlights the immediate need for appropriate housing and accommodation for Aboriginal renal patients who must relocate to urban centres for medical treatment. Secondly, it highlights the systemic lack of adequate and culturally appropriate housing and accommodation for Aboriginal peoples living in regional and remote areas and communities. The article also contains several important housing policy recommendations.



### **Background**

The rates of ESKD are 15 or more times higher amongst Aboriginal peoples living in remote areas and communities compared to non-Aboriginal peoples. Patients also have complex care needs due to a combination of their illness, comorbidities, remoteness of their residence, and socioeconomic disadvantage. Approximately 80% of all patients must permanently relocate to urban areas for dialysis which puts them at a high risk of becoming homeless.

The most common form of treatment for ESKD in the Northern Territory is nurse-supported haemodialysis. However, such services are often not available in many remote communities due to various logistical constraints such as poor water and unreliability of power sources.

Despite the availability of some services and funding to enable primary healthcare providers to deliver more dialysis services to remote communities, many Aboriginal renal patients (and their carers) will need to relocate to urban centres for medical treatment.

Under the Northern Territory Government Patient Assistance and Travel Scheme, accommodation can be provided for up to eight weeks for relocating patients but after that time patients are responsible for making their own arrangements, which means that many have no choice but to contend with long waiting lists for public housing in urban centres. Given that the waiting list for a one-bedroom public housing unit in Darwin is currently six to eight years, which is longer than the average survival rate of six years for Northern Territory renal patients, this wait can have potentially dire consequences.

Relocation to urban centres also impacts on Aboriginal peoples' social and familial obligations which might include caring for and teaching children, ceremonial roles and responsibilities and intergenerational knowledge transmission. If people are unable to fulfil their roles it can give rise to a sense of displacement from family, country and identity, and can lead to poor mental health.

These problems relate to the second key issue highlighted in this research article, which is the systemic lack of adequate and appropriate housing for Aboriginal peoples living in remote areas and communities.

Access to appropriate housing can be an important determinant of good health outcomes because it improves sanitation and hygiene in living environments, reduces the risk of infectious diseases and can serve as primary prevention for ESKD. Public housing is often the only form of housing available in remote areas and communities. However, waiting lists have increased dramatically while availability of public housing is on the decline. Even though renal patients are eligible for priority public housing through medical eligibility criteria, the average wait times for priority public housing are still three to four years.

Private rental properties are mostly unaffordable for renal patients, many of whom are dependent on Centrelink pensions and payments. Delays in income support payments also contribute to the risk of homelessness. For example, it is common for renal patients to wait for up to six months, and sometimes over a year, to have their Disability Support Pension applications approved by Centrelink.

So not only is there a need for adequate and affordable housing for this highly vulnerable group of people who risk becoming homeless, it is also imperative that housing can meet their complex health care, social and cultural needs.

### **Policy Recommendations**

1. Housing policy frameworks should address the impact of health service delivery models that result in permanent patient relocation – includes investing in adequate, accessible and culturally appropriate public housing.
2. Aboriginal Hostels Limited should develop and pilot a new model of accommodation to meet the needs

of long term renal/medical residents in partnership with stakeholders – includes providing greater flexibility and choice over meals and facilitating an environment of belonging.

3. Commonwealth investment in Aboriginal Hostels Limited should better enable the organisation to meet its objectives of providing affordable accommodation – includes reviewing pricing structures to address issues of accessibility and equity.
4. Policy responses to the housing and support needs of Aboriginal renal patients should take place in partnership with patients, Aboriginal community-controlled health and housing organisations, Aboriginal medical services and other stakeholders – also requires establishing dialogue between Commonwealth, State and Territory health and housing policymakers.

There are also recommendations for increased resourcing to Centrelink or contracted service providers to address long processing times, a patient-centred approach towards assessing Aboriginal renal patients, a reinterpretation of the National Disability Insurance Scheme eligibility criteria or the establishment of a new scheme to recognise the impairments of renal patients.